

216006558  
82236

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 116	Agency Case No. B6-011775	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/10/2016		TIME OF ACCIDENT 1750	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1755	02/10/2016	
B 35	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2700 blk of Superior St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 3	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		128.00		X		od W curb of Industrial
V1/M 06	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13513390		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	WADE K CYRES		PHONE	504-237-4524	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/04/1989	
G 2	OWNER	Wade K Cvres		PHONE	504-237-4524	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB503417
H 2	LICENSE PLATE NO.			YEAR (Plate Expires)	STATE (Of Plate) NE	
V1/O 1	VEHICLE	1993	Dodge	DAK	Pickup truck	blue
V2/O 2	VEHICLE ID NO. (VIN)	1B7FL26X4PS245836		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50		
		TOWED TO		TOWED BY		POLICY NO.
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	G16010363		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	CARRIE L HARWOOD		PHONE	402-474-3343	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/27/1960	
J 01	OWNER	CARRIE L HARWOOD		PHONE	402-474-3343	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE	PA NO. RUK042	YEAR 1998	MAKE Dodge	MODEL STR	BODY STYLE 4 door Sedan
V2/Q 4	VEHICLE	1998	Dodge	STR	4 door Sedan	red
K 01	VEHICLE ID NO. (VIN)	1B3EJ46X4WN292604		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500		
		TOWED TO		TOWED BY		POLICY NO. 2427724E17271
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-011775**

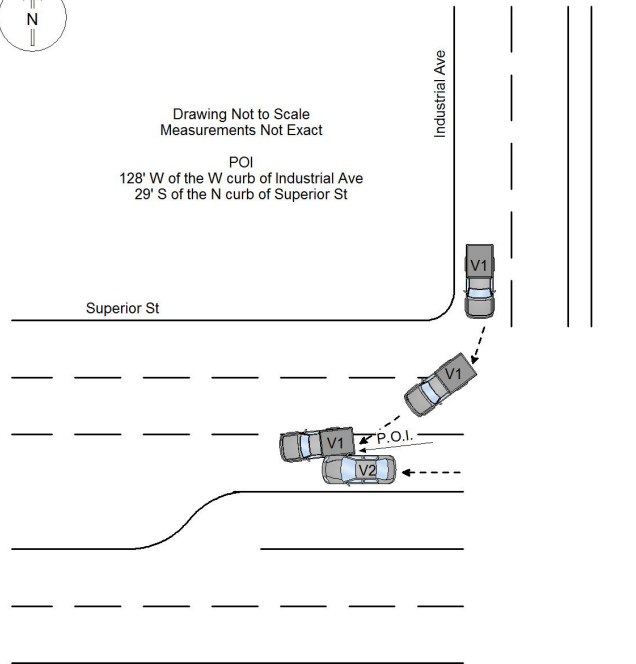


Indicate  
North  
by Arrow



Drawing Not to Scale  
Measurements Not Exact

POI  
128' W of the W curb of Industrial Ave  
29' S of the N curb of Superior St



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 stated he was traveling SB on Industrial Ave, approaching Superior St. D1 said that the traffic light 'just turned green' and he turned WB on Superior St. D1 stated that he turned into the inside lane 'because it doesn't matter which lane you turn into when you have a green light.' D1 stated he felt the tail end of his vehicle collide with V2.

D2 stated she was traveling WB on Superior, approaching Industrial Ave. D2 stated she had a green light and proceeded through the intersection. D2 observed V1 turning into the inside lane and believed V1 would not collide with her. V1 did not stop turning and V1 collided with the passenger side of V2.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
<b>WITNESSES</b>	NAME			ADDRESS		PHONE
	NAME			ADDRESS		PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				ALCOHOL/ DRUGS SUSPECTED			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		VEH 1		VEH 2		
1		X			Industrial		POINT OF IMPACT	06	POINT OF IMPACT	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>				
2				X	2700 Blk of S		POINT OF IMPACT	06	POINT OF IMPACT	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>						
1	05	06 Turning left				MOST DAMAGED AREA	06	MOST DAMAGED AREA	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>							
2	01	08 Entering traffic lane				MOST DAMAGED AREA	06	MOST DAMAGED AREA	02	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">N</div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right </div> <div> 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown </div> </div>						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black;"></div> </div> </div>		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		BAC LEVEL		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> </div>							
OFFICER NO. <b>1745</b>						TROOP/ TEAM/ BEAT <b>SW</b>		DEPARTMENT <b>Lincoln Police Department</b>		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													
INVESTIGATOR NAME (Print or Type) <b>Kathryn Meade</b>						INVESTIGATOR SIGNATURE <b>Approved by Officer Kathryn Meade</b>						DATE OF REPORT <b>02/10/2016</b>											